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H.B. No. 1549

Substitute the following for H.B. No. 1549:

By: Miller

C.S.H.B. No. 1549

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the provision of services by the Department of Family
3 and Protective Services, including child protective services and
4 prevention and early intervention services.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Subchapter C, Chapter 261, Family Code, is
7 amended by adding Section 261.2031 to read as follows:

8 Sec. 261.2031. DESIGNATED CHILD FATALITY INVESTIGATION
9 CASEWORKERS. The department shall designate current tenured
10 caseworkers to conduct investigations involving child fatalities.

11 SECTION 2. Section 261.204(a), Family Code, is amended to
12 read as follows:

13 (a) Not later than February 1 of each year, the [~~The~~]
14 department shall publish an [~~annual~~] aggregated report using
15 information compiled from each child fatality investigation for
16 which the department made a finding regarding abuse or neglect,
17 including cases in which the department determined the fatality was
18 not the result of abuse or neglect. The report must protect the
19 identity of individuals involved and contain the following
20 information:

21 (1) the age and sex of the child and the county in
22 which the fatality occurred;

23 (2) whether the state was the managing conservator of
24 the child or whether the child resided with the child's parent,

1 managing conservator, guardian, or other person entitled to the
2 possession of the child at the time of the fatality;

3 (3) the relationship to the child of the individual
4 alleged to have abused or neglected the child, if any;

5 (4) the number of any department abuse or neglect
6 investigations involving the child or the individual alleged to
7 have abused or neglected the child during the two years preceding
8 the date of the fatality and the results of the investigations;

9 (5) whether the department offered family-based
10 safety services or conservatorship services to the child or family;

11 (6) the types of abuse and neglect alleged in the
12 reported investigations, if any; and

13 (7) any trends identified in the investigations
14 contained in the report.

15 SECTION 3. Section [261.301](#), Family Code, is amended by
16 adding Subsection (j) to read as follows:

17 (j) In geographic areas with demonstrated need, the
18 department shall designate employees to serve specifically as
19 investigators and responders for after-hours reports of child abuse
20 or neglect.

21 SECTION 4. Section [264.107](#), Family Code, is amended by
22 adding Subsection (b-2) to read as follows:

23 (b-2) The department shall, subject to the availability of
24 funds, use a web-based system to assist the department in making the
25 best placement decision for a child in foster care. The system must:

26 (1) integrate a level of care for the child;

27 (2) suggest placements based on the child's needs;

- 1 (3) display the proximity of potential providers to
2 the child's home and school;
- 3 (4) incorporate foster care provider preferences;
- 4 (5) provide access to the foster care provider's
5 history in providing safe and stable placements for children; and
- 6 (6) include any other provider information the
7 department determines to be relevant.

8 SECTION 5. Subchapter B, Chapter 264, Family Code, is
9 amended by adding Section 264.1131 to read as follows:

10 Sec. 264.1131. FOSTER CARE PROVIDER RECRUITMENT PLAN. In
11 addition to foster parent recruitment from faith-based
12 organizations under Section 264.113, the department shall, subject
13 to the availability of funds, collaborate with current foster and
14 adoptive parents to develop and implement a foster care provider
15 recruitment plan. The plan must:

16 (1) identify geographic areas in the state where there
17 is a need for foster care providers using risk stratification
18 modeling or risk assessments of geographic areas with high
19 occurrences of child abuse and neglect or child fatalities;

20 (2) use data analysis, social media, partnerships with
21 faith-based and volunteer organizations, and other strategies for
22 recruitment, including targeted and child-focused recruitment;

23 (3) identify the number of available foster care
24 providers for children with high needs in order to expand the use of
25 therapeutic or treatment foster care for children in those
26 placements;

27 (4) require the provision of:

1 (A) quality customer service to prospective and
2 current foster and adoptive parents; and

3 (B) assistance to prospective foster parents
4 with the certification and placement process;

5 (5) include strategies for increasing the number of
6 kinship providers;

7 (6) include strategies to ensure that children in
8 foster care do not have to transfer schools after entering foster
9 care, unless transferring is in the child's best interest; and

10 (7) include programs to support foster and adoptive
11 families, including programs that provide training, respite care,
12 and peer assistance.

13 SECTION 6. Subchapter C, Chapter 264, Family Code, is
14 amended by adding Section 264.2012 to read as follows:

15 Sec. 264.2012. FAMILY PRESERVATION SERVICES. Subject to
16 the appropriation of funds for that purpose, the department shall
17 implement an evidence-based pilot program that provides frequent
18 in-home visits to not more than 2,000 families who have a history of
19 child abuse or neglect. The program must contain guidelines for the
20 frequency of monthly contact by the department with the family,
21 based on the risk factors for child abuse and neglect in each case.

22 SECTION 7. Sections 264.502(a) and (b), Family Code, are
23 amended to read as follows:

24 (a) The child fatality review team committee is composed of:

25 (1) a person appointed by and representing the state
26 registrar of vital statistics;

27 (2) a person appointed by and representing the

1 commissioner of the department;

2 (3) a person appointed by and representing the Title V
3 director of the Department of State Health Services; ~~and~~

4 (4) a person appointed by and representing the speaker
5 of the house of representatives;

6 (5) a person appointed by and representing the
7 lieutenant governor;

8 (6) a person appointed by and representing the
9 governor; and

10 (7) individuals selected under Subsection (b).

11 (b) The members of the committee who serve under Subsections
12 (a)(1) through (6) ~~(3)~~ shall select the following additional
13 committee members:

14 (1) a criminal prosecutor involved in prosecuting
15 crimes against children;

16 (2) a sheriff;

17 (3) a justice of the peace;

18 (4) a medical examiner;

19 (5) a police chief;

20 (6) a pediatrician experienced in diagnosing and
21 treating child abuse and neglect;

22 (7) a child educator;

23 (8) a child mental health provider;

24 (9) a public health professional;

25 (10) a child protective services specialist;

26 (11) a sudden infant death syndrome family service
27 provider;

- 1 (12) a neonatologist;
- 2 (13) a child advocate;
- 3 (14) a chief juvenile probation officer;
- 4 (15) a child abuse prevention specialist;
- 5 (16) a representative of the Department of Public
- 6 Safety;
- 7 (17) a representative of the Texas Department of
- 8 Transportation;
- 9 (18) an emergency medical services provider; and
- 10 (19) a provider of services to, or an advocate for,
- 11 victims of family violence.

12 SECTION 8. Section [264.503](#), Family Code, is amended by
13 amending Subsections (d) and (e) and adding Subsection (h) to read
14 as follows:

- 15 (d) The Department of State Health Services shall:
 - 16 (1) recognize the creation and participation of review
 - 17 teams;
 - 18 (2) promote and coordinate training to assist the
 - 19 review teams in carrying out their duties;
 - 20 (3) assist the committee in developing model protocols
 - 21 for:
 - 22 (A) the reporting and investigating of child
 - 23 fatalities for law enforcement agencies, child protective
 - 24 services, justices of the peace and medical examiners, and other
 - 25 professionals involved in the investigations of child deaths;
 - 26 (B) the collection of data regarding child
 - 27 deaths; and

- 1 (C) the operation of the review teams;
- 2 (4) develop and implement procedures necessary for the
3 operation of the committee; ~~and~~
- 4 (5) develop and make available training for justices
5 of the peace and medical examiners regarding inquests in child
6 death cases; and
- 7 (6) promote education of the public regarding the
8 incidence and causes of child deaths, the public role in preventing
9 child deaths, and specific steps the public can undertake to
10 prevent child deaths.
- 11 (e) In addition to the duties under Subsection (d), the
12 Department of State Health Services shall:
- 13 (1) collect data under this subchapter and coordinate
14 the collection of data under this subchapter with other data
15 collection activities; ~~and~~
- 16 (2) perform annual statistical studies of the
17 incidence and causes of child fatalities using the data collected
18 under this subchapter; and
- 19 (3) evaluate the available child fatality data and use
20 the data to create public health strategies for the prevention of
21 child fatalities.
- 22 (h) Each member of the committee must be a member of the
23 child fatality review team in the county where the committee member
24 resides.

25 SECTION 9. Subchapter F, Chapter 264, Family Code, is
26 amended by adding Sections 264.5031 and 264.5032 to read as
27 follows:

1 Sec. 264.5031. COLLECTION OF NEAR FATALITY DATA. (a) In
2 this section, "near fatality" means a case where a physician has
3 certified that a child is in critical or serious condition, and a
4 caseworker determines that the child's condition was caused by the
5 abuse or neglect of the child.

6 (b) The Department of State Health Services shall include
7 near fatality child abuse or neglect cases in the child fatality
8 case database, for cases in which child abuse or neglect is
9 determined to have been the cause of the near fatality. The
10 Department of State Health Services must also develop a data
11 collection strategy for near fatality child abuse or neglect cases.

12 Sec. 264.5032. TRACKING OF CHILD FATALITY AND NEAR FATALITY
13 DATA. (a) The department shall produce a report relating to child
14 fatality and near fatality cases resulting from child abuse or
15 neglect containing the following information:

16 (1) any prior contact the department had with the
17 child's family and the manner in which the case was disposed,
18 including cases in which the department made the following
19 dispositions:

20 (A) priority none or administrative closure;
21 (B) call screened out;
22 (C) alternative or differential response
23 provided;

24 (D) unable to complete the investigation;
25 (E) unable to determine whether abuse or neglect
26 occurred;

27 (F) reason to believe abuse or neglect occurred;

1 or

2 (G) child removed and placed into substitute
3 care;

4 (2) for any case investigated by the department
5 involving the child or the child's family:

6 (A) the number of caseworkers assigned to the
7 case before the fatality or near fatality occurred;

8 (B) the level of education for each caseworker
9 assigned to the case and the caseworker's employment tenure; and

10 (C) the caseworker's caseload at the time the
11 case was opened and at the time the case was closed;

12 (3) for any case in which the department investigation
13 concluded that there was reason to believe that abuse or neglect
14 occurred, and the family was referred to family-based safety
15 services:

16 (A) the safety plan provided to the family;

17 (B) the services offered to the family; and

18 (C) the level of compliance with the safety plan
19 or completion of the services by the family;

20 (4) the number of contacts the department made with
21 children and families in family-based safety services cases; and

22 (5) the initial and attempted contacts the department
23 made with child abuse and neglect victims.

24 (b) The department shall make the data collected under
25 Subsection (a) available to allow research into the determining
26 factors related to child abuse fatalities, with the purpose of:

27 (1) reducing child fatalities or near fatalities and

1 repeated referrals of a child or family to the department; and
2 (2) predicting future occurrences of child fatalities
3 and near fatalities to improve prevention and early intervention
4 strategies.

5 SECTION 10. Sections 264.505(a) and (c), Family Code, are
6 amended to read as follows:

7 (a) A multidisciplinary and multiagency child fatality
8 review team may be established for a county to review child deaths
9 in that county. A [~~review team for a~~] county [~~with a population of~~
10 ~~less than 50,000~~] may join with an adjacent county or counties to
11 establish a combined review team.

12 (c) A review team must reflect the diversity of the county's
13 population and may include:

14 (1) a criminal prosecutor involved in prosecuting
15 crimes against children;

16 (2) a sheriff;

17 (3) a justice of the peace or medical examiner;

18 (4) a police chief;

19 (5) a pediatrician experienced in diagnosing and
20 treating child abuse and neglect;

21 (6) a child educator;

22 (7) a child mental health provider;

23 (8) a public health professional;

24 (9) a child protective services specialist;

25 (10) a sudden infant death syndrome family service
26 provider;

27 (11) a neonatologist;

1 (12) a child advocate;

2 (13) a chief juvenile probation officer; and

3 (14) a child abuse prevention specialist.

4 SECTION 11. Section 264.506(b), Family Code, is amended to
5 read as follows:

6 (b) To achieve its purpose, a review team shall:

7 (1) adapt and implement, according to local needs and
8 resources, the model protocols developed by the department and the
9 committee;

10 (2) meet on a regular basis to review child fatality
11 cases and recommend methods to improve coordination of services and
12 investigations between agencies that are represented on the team;

13 (3) collect and maintain data as required by the
14 committee; ~~and~~

15 (4) review and analyze the collected data to identify
16 any demographic trends in child fatality cases, including whether
17 there is a disproportionate number of child fatalities in a
18 particular population group or geographic area; and

19 (5) submit to the vital statistics unit data reports
20 on deaths reviewed as specified by the committee.

21 SECTION 12. Section 264.509, Family Code, is amended by
22 adding Subsection (b-1) to read as follows:

23 (b-1) The Department of State Health Services shall provide
24 a review team with electronic access to the preliminary death
25 certificate for a deceased child.

26 SECTION 13. (a) Section 264.514, Family Code, is amended by
27 adding Subsection (a-1) and amending Subsection (b) to read as

1 follows:

2 (a-1) The commissioners court of a county shall adopt
3 regulations relating to the timeliness for conducting an inquest
4 into the death of a child. The regulations adopted under this
5 subsection must be as stringent as the standards issued by the
6 National Association of Medical Examiners unless the commissioners
7 court determines that it would be cost prohibitive for the county to
8 comply with those standards.

9 (b) The medical examiner or justice of the peace shall
10 immediately notify an appropriate local law enforcement agency if
11 the medical examiner or justice of the peace determines that the
12 death is unexpected or the result of abuse or neglect, and that
13 agency shall investigate the child's death. The medical examiner or
14 justice of the peace shall notify the appropriate county child
15 fatality review team of the child's death not later than the 120th
16 day after the date the death is reported.

17 (b) A county must attempt to implement the timeliness
18 standards for inquests as described by Section 264.514(a-1), Family
19 Code, as added by this Act, as soon as possible after the effective
20 date of this Act.

21 SECTION 14. Section 264.903, Family Code, is amended by
22 adding Subsection (a-1) to read as follows:

23 (a-1) The department shall expedite the evaluation of a
24 potential caregiver under this section to ensure that the child is
25 placed with a caregiver who has the ability to protect the child
26 from the alleged perpetrator of abuse or neglect against the child.

27 SECTION 15. Section 265.005(b), Family Code, is amended to

1 read as follows:

2 (b) A strategic plan required under this section must:

3 (1) identify methods to leverage other sources of
4 funding or provide support for existing community-based prevention
5 efforts;

6 (2) include a needs assessment that identifies
7 programs to best target the needs of the highest risk populations
8 and geographic areas;

9 (3) identify the goals and priorities for the
10 department's overall prevention efforts;

11 (4) report the results of previous prevention efforts
12 using available information in the plan;

13 (5) identify additional methods of measuring program
14 effectiveness and results or outcomes;

15 (6) identify methods to collaborate with other state
16 agencies on prevention efforts; ~~and~~

17 (7) identify specific strategies to implement the plan
18 and to develop measures for reporting on the overall progress
19 toward the plan's goals; and

20 (8) include a growth strategy with the goal of
21 increasing the number of families receiving prevention and early
22 intervention services each year, subject to the availability of
23 funds, with the eventual goal of providing services to 50 percent of
24 the highest risk families, as defined by the department, that are
25 eligible to receive services through home visiting and
26 community-based programs financed with federal, state, local, or
27 private resources.

1 SECTION 16. Subchapter A, Chapter 265, Family Code, is
2 amended by adding Sections 265.007, 265.008, and 265.009 to read as
3 follows:

4 Sec. 265.007. IMPROVING PROVISION OF PREVENTION AND EARLY
5 INTERVENTION SERVICES. (a) To improve the effectiveness and
6 delivery of prevention and early intervention services, the
7 department shall:

8 (1) use a geographic focus to ensure that prevention
9 and early intervention services are provided to families with the
10 greatest need;

11 (2) identify the geographic areas that have the
12 highest need for prevention and early intervention services;

13 (3) identify geographic areas that have a high need
14 for prevention and early intervention services but do not have
15 prevention and early intervention services available in the area or
16 have only unevaluated prevention and early intervention services
17 available in the area; and

18 (4) develop strategies for community partners to:

19 (A) improve the early recognition of child abuse
20 or neglect;

21 (B) improve the reporting of child abuse and
22 neglect; and

23 (C) prevent child fatalities.

24 (b) The department may not use data gathered under this
25 section to identify a specific family or individual.

26 Sec. 265.008. EVALUATION OF PREVENTION AND EARLY
27 INTERVENTION SERVICES. (a) The department and the Texas Higher

1 Education Coordinating Board shall enter into agreements with
2 institutions of higher education to conduct efficacy reviews of any
3 prevention and early intervention services provided under this
4 chapter that have not previously been evaluated for effectiveness
5 in a research evaluation that meets the standards described by
6 Subsection (b). The efficacy review shall include, when possible,
7 a cost-benefit analysis of the program to the state.

8 (b) A prevention and early intervention services program is
9 considered to have been previously evaluated if it has been
10 evaluated by at least one rigorous randomized controlled research
11 trial across heterogeneous populations or communities, the results
12 of at least one of which has been published in a peer-reviewed
13 journal.

14 (c) The department is not required to enter into an
15 agreement to conduct a program efficacy evaluation under this
16 section unless:

17 (1) the department is specifically appropriated money
18 for the purposes of this section; or

19 (2) the agreement with the institution of higher
20 education is cost neutral.

21 Sec. 265.009. EXPANSION OF HOME VISITING SERVICES. Subject
22 to an appropriation for that purpose, and not later than August 31,
23 2019, the department shall expand the capacity of home visiting
24 services provided by the prevention and early intervention services
25 division of the department by 20 percent in the six counties of the
26 state that:

27 (1) are identified under Section 265.007(a)(2) as

1 having the highest need for services; and
2 (2) have the largest disparity between the percentage
3 of families receiving home visiting services in the county and the
4 goal developed under Section 265.005(b)(8).

5 SECTION 17. Subchapter B, Chapter 40, Human Resources Code,
6 is amended by adding Section 40.038 to read as follows:

7 Sec. 40.038. SECONDARY TRAUMA SUPPORT FOR CASEWORKERS. (a)
8 In this section, "secondary trauma" means trauma incurred as a
9 consequence of a person's exposure to acute or chronic trauma.

10 (b) The department shall develop and make available a
11 program to provide ongoing support to caseworkers who experience
12 secondary trauma resulting from exposure to trauma in the course of
13 the caseworker's employment. The program must include critical
14 incident stress debriefing. The department may not require that a
15 caseworker participate in the program.

16 SECTION 18. Subchapter C, Chapter 40, Human Resources Code,
17 is amended by adding Section 40.0516 to read as follows:

18 Sec. 40.0516. COLLECTION OF DATA; ANNUAL REPORT. (a) The
19 department shall collect and compile the following data on the
20 state and county level:

21 (1) the following information for reports of abuse and
22 neglect in residential child-care facilities, as defined by Section
23 42.002:

24 (A) the number of reports of abuse and neglect
25 made to the department hotline;

26 (B) the types of abuse and neglect reported;

27 (C) the investigation priority level assigned to

- 1 each report;
2 (D) the investigation response times, sorted by
3 investigation priority;
4 (E) the disposition of each investigation;
5 (F) the number of reports of abuse and neglect to
6 which the department assigned a disposition of call screened out or
7 alternative or differential response provided; and
8 (G) the overall safety and risk finding for each
9 investigation;
10 (2) the number of families referred to family
11 preservation services, organized by the risk level assigned to each
12 family through structured decision-making;
13 (3) the number of children removed from the child's
14 home as the result of an investigation of a report of abuse or
15 neglect and the primary circumstances that contributed to the
16 removal;
17 (4) the number of children placed in substitute care,
18 organized by type of placement;
19 (5) the number of children placed out of the child's
20 home county or region;
21 (6) the number of children in the conservatorship of
22 the department at each service level;
23 (7) the number of children in the conservatorship of
24 the department who are pregnant or who are a parent;
25 (8) the number of children in the managing
26 conservatorship of the department who are the parent of a child who
27 is also in the managing conservatorship of the department;

1 (9) the recurrence of child abuse or neglect in a
2 household in which the department investigated a report of abuse or
3 neglect within six months and one year of the date the case was
4 closed separated by the following type of case:

5 (A) cases that were administratively closed
6 without further action;

7 (B) cases in which the child was removed and
8 placed in the managing conservatorship of the department; and

9 (C) cases in which the department provided family
10 preservation services;

11 (10) the recurrence of child abuse and neglect in a
12 household within five years of the date the case was closed for
13 cases described by Subdivisions (9)(B) and (C); and

14 (11) workforce turnover data for child protective
15 services employees, including the average tenure of caseworkers and
16 supervisors and the average salary of caseworkers and supervisors.

17 (b) Not later than February 1 of each year, the department
18 shall publish a report containing data collected under this
19 section. The report must include the statewide data and the data
20 reported by county.

21 SECTION 19. Subchapter C, Chapter 40, Human Resources Code,
22 is amended by adding Section 40.0529 to read as follows:

23 Sec. 40.0529. CASELOAD MANAGEMENT. (a) Subject to a
24 specific appropriation for that purpose, the department shall
25 develop and implement a caseload management system for child
26 protective services caseworkers and managers that:

27 (1) ensures equity in the distribution of workload,

1 based on the complexity of each case;

2 (2) calculates caseloads based on the number of
3 individual caseworkers who are available to handle cases;

4 (3) includes geographic case assignment in areas with
5 concentrated high risk populations, to ensure that an adequate
6 number of caseworkers and managers with expertise and specialized
7 training are available;

8 (4) includes a plan to deploy master investigators in
9 anticipation of emergency shortages of personnel; and

10 (5) anticipates vacancies in caseworker positions in
11 areas of the state with high caseworker turnover to ensure the
12 timely hiring of new caseworkers in those areas.

13 (b) In calculating the caseworker caseload under Subsection
14 (a)(2), the department:

15 (1) may not count caseworkers who are on leave for four
16 weeks or more as available caseworkers;

17 (2) may not create fictive caseworkers to compensate
18 for overtime hours worked by caseworkers; and

19 (3) shall only count caseworkers who are on reduced
20 caseloads at a value of .3 or less.

21 SECTION 20. Subchapter C, Chapter 40, Human Resources Code,
22 is amended by adding Section 40.078 to read as follows:

23 Sec. 40.078. PREVENTION ADVISORY BOARD. (a) In this
24 section, "board" means the Prevention Advisory Board.

25 (b) The board is established in the department to promote
26 public awareness and make recommendations to the Health and Human
27 Services Commission, the Department of State Health Services, the

1 department, the governor, and the legislature for changes to law,
2 policy, and practices regarding:

3 (1) the prevention of child abuse and neglect;

4 (2) the development of a state strategy to promote
5 child safety and well-being using enhanced data collection and
6 analysis; and

7 (3) the expansion of evidence-based and promising
8 practice programs, as those terms are described by Sections
9 531.983(b) and (c), Government Code.

10 (c) The board is composed of not more than 25 members,
11 appointed as follows:

12 (1) one member appointed by the governor from the
13 governor's staff;

14 (2) one member appointed by the lieutenant governor
15 from the lieutenant governor's staff;

16 (3) one member appointed by the speaker of the house of
17 representatives from the speaker's staff;

18 (4) one staff member from the office of the chair of
19 the Senate Health and Human Services Committee;

20 (5) one staff member from the office of the chair of
21 the House Public Health Committee; and

22 (6) any remaining members appointed by the
23 commissioner.

24 (d) The members appointed under Subsections (c)(1) through
25 (5) serve as ex officio nonvoting members of the board.

26 (e) In appointing members to the board, the commissioner
27 shall attempt to select individuals whose qualifications are not

1 already represented by existing members of the board. Board
2 members may include:

3 (1) a chair of a child fatality review team committee;

4 (2) a pediatrician;

5 (3) a judge;

6 (4) representatives of relevant state agencies;

7 (5) prosecutors who specialize in child abuse and
8 neglect;

9 (6) medical examiners;

10 (7) representatives of service providers to the
11 department; and

12 (8) policy experts in child abuse and neglect
13 prevention, community advocacy, or related fields.

14 (f) The board shall select a chair from among its members
15 and shall meet at least quarterly, with additional meetings called
16 by the chair as necessary.

17 (g) A vacancy on the board shall be filled in the same manner
18 as the original appointment.

19 (h) A member of the board is not entitled to compensation or
20 reimbursement of expenses incurred in performing board duties.

21 (i) The board may take testimony and receive evidence that
22 the board considers necessary to carry out the duties of the board.

23 (j) In developing the recommendations under Subsection (b),
24 the board shall collaborate with the prevention and early
25 intervention services division of the department to:

26 (1) use a public health approach by applying
27 population-based, universal, and targeted strategies for

1 prevention;

2 (2) consider the evidence-based and promising
3 practice programs for home visiting under Section 531.983,
4 Government Code, and parent education under Section 265.101, Family
5 Code, as added by Chapter 1257 (H.B. 2630), Acts of the 84th
6 Legislature, Regular Session, 2015, in structuring accountability
7 and evidence-based measures for child abuse fatality prevention
8 programming;

9 (3) maximize funding sources to expand prevention
10 programs, including federal and local government funds and private
11 funds; and

12 (4) research and make recommendations regarding the
13 training of external stakeholders, including the expansion of
14 mandated training for medical professionals, child care workers,
15 educators, and higher education professionals with access to
16 minors, to improve the identification, recognition, reporting, and
17 prevention of child abuse and neglect.

18 (k) The board shall collaborate with the department and the
19 Department of State Health Services to develop and maintain a
20 database of the most effective state and national evidence-based or
21 promising practice programs that address child abuse and neglect
22 and the prevention of child abuse and neglect fatalities. The
23 database shall include the cost per family and a cost-benefit
24 analysis for each program.

25 SECTION 21. This Act takes effect September 1, 2017.